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CONFIRMATION NO. 7933

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|-----------------------------|-----------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 10/738,323 | FILING DATE 12/16/2003 RULE | CLASS 239 | GROUP ART UNIT 3752 | ATTORNEY DOCKET NO. IFF-0017 |
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APPLICANTS

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 ** CONTINUING DATA ****

 
 ** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/26/2004

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NJ | SHEETS DRAWING 0 | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 1 |
|---------------------------------|---|---------------------------|------------------------|----------------------|----------------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |

ADDRESS

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TITLE

Dispensing device for active gels

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|-----------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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